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“Has Enhanced Recovery After Surgery (ERAS) Changed Opioid Prescribing Patterns in Gynecologic Surgery?”

Introduction: Opioid prescribing for pain management has significantly increased in the United States in the last three decades. Enhanced recovery after surgery (ERAS) is a multimodal approach to perioperative care that has been shown to improve patient outcomes. A component of ERAS is using a multimodal analgesia approach to pain management which emphasizes the use of opioid-sparing analgesics to achieve post-operative pain control. Though ERAS implementation has shown success in reducing inpatient opioid use, evidence in the reduction of post-discharge opioid prescribing patterns is lacking. In this study, we evaluate the effect of implementing an ERAS program on post-operative opioid prescriptions.

Methods: This retrospective chart review includes women undergoing gynecologic surgery at University Medical Center in New Orleans, Louisiana before and after the gynecology department adopted the ERAS protocol in March of 2019. Inpatient opioid use was recorded in morphine milligram equivalents (MME). Additional variables such as pain scores, refill requests, length of hospital stay, hospital readmission, surgical invasiveness, and demographics were recorded. Post-discharge opioids prescribed are also in the process of being abstracted.

Results: The average length of stay in the post-ERAS group was decreased by 21% compared to the pre-ERAS group. However, unadjusted hospital readmission rates increased following the implementation of ERAS from 4% to 8%. Inpatient opioid use was reduced significantly following ERAS implementation: total morphine equivalents 53.2 vs 638.3 mg, HR 0.34 (95% CI 0.23, 0.50).

Conclusions: The implementation of ERAS was associated with a reduction of inpatient opioid use by one third, which suggests that patients are likely to require less opioids after discharge. Additional analysis to assess post-discharge opioid prescribing patterns since the implementation of ERAS is ongoing and forthcoming.